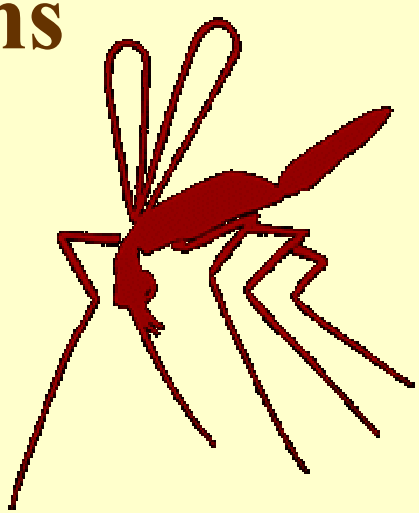
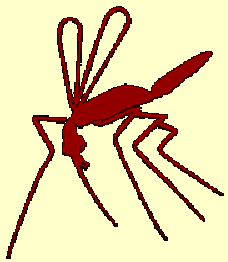
Do Malaria Control Interventions Reach the Poor?

A View through the Equity Lens



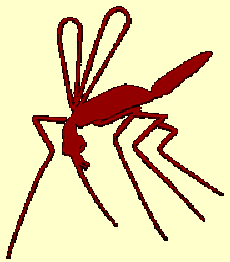
What is Inequity?

- An inequality that is both unfair and remediable.
- Dimensions:
  - Socioeconomic
  - Gender
  - Ethnic or Cultural



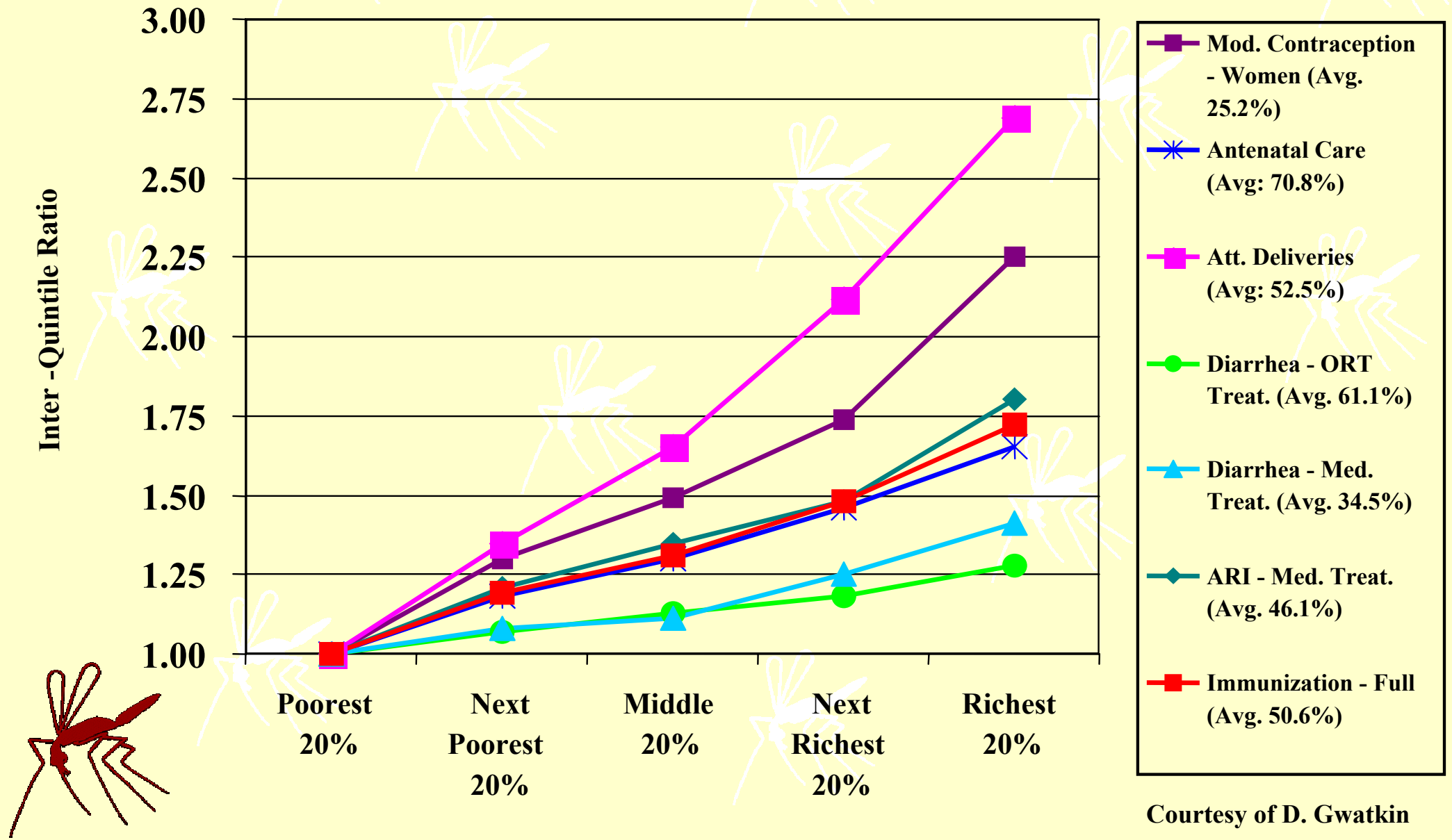
Historical Perspective

- Heightened focus on poverty reduction in the global development community.
- Increasing recognition of the link between poverty and the health of populations.
  - 1.3% reduction in GDP in African countries as a result of malaria (Sachs, et al.)
- Recent efforts to quantify differences in disease burden and the use and impact of disease control interventions by SES.
  - Benefit-incidence analysis



Use of Basic Health Care

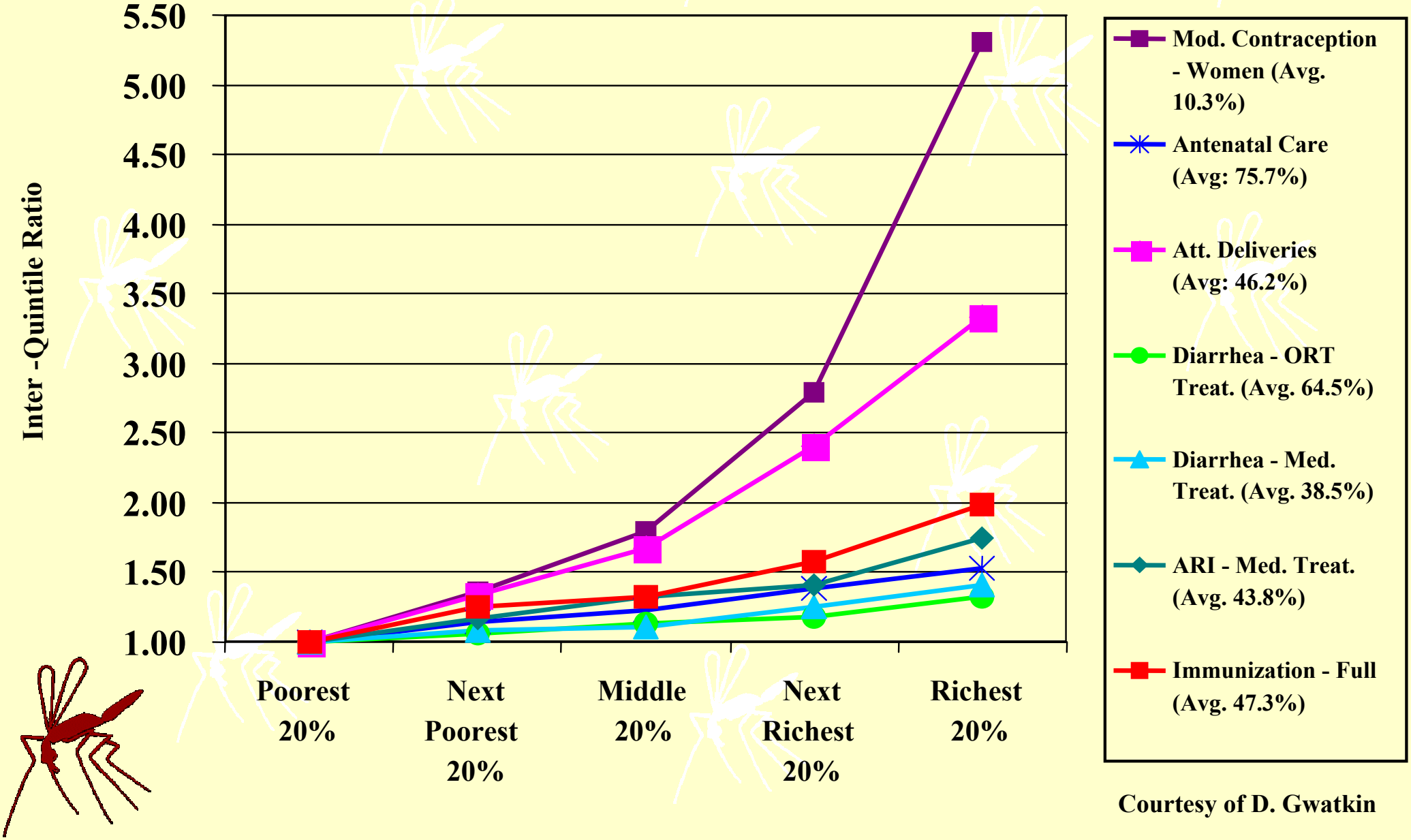
Poor-Rich Differences in 44 Developing Countries



Courtesy of D. Gwatkin

Use of Basic Health Care

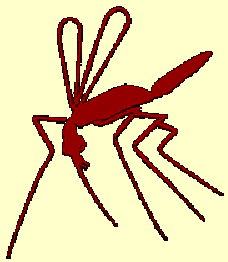
Poor-Rich Differences in 22 Countries in Sub-Saharan Africa



Courtesy of D. Gwatkin

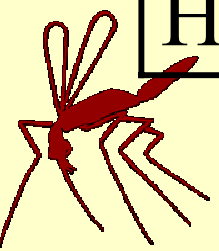
Why should you care?

- The main beneficiaries of development aid should be the poorest segments of the population.
- Given the link between ill health and poverty, failure to reach the poor with prevention and treatment services will hamper efforts to alleviate poverty.
- Malaria disproportionately affects the poorest of the poor.



Percentage of mortality that occurs in the poorest 20% of the world's population

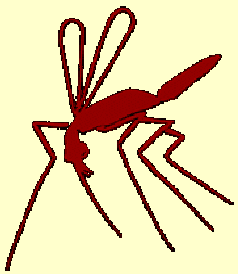
Disease	% in lowest quintile
Malaria	***58***
Diarrheal Diseases	53
Perinatal Conditions	45
Tuberculosis	44
Maternal Conditions	43
Respiratory Infections	43
HIV/AIDS	42



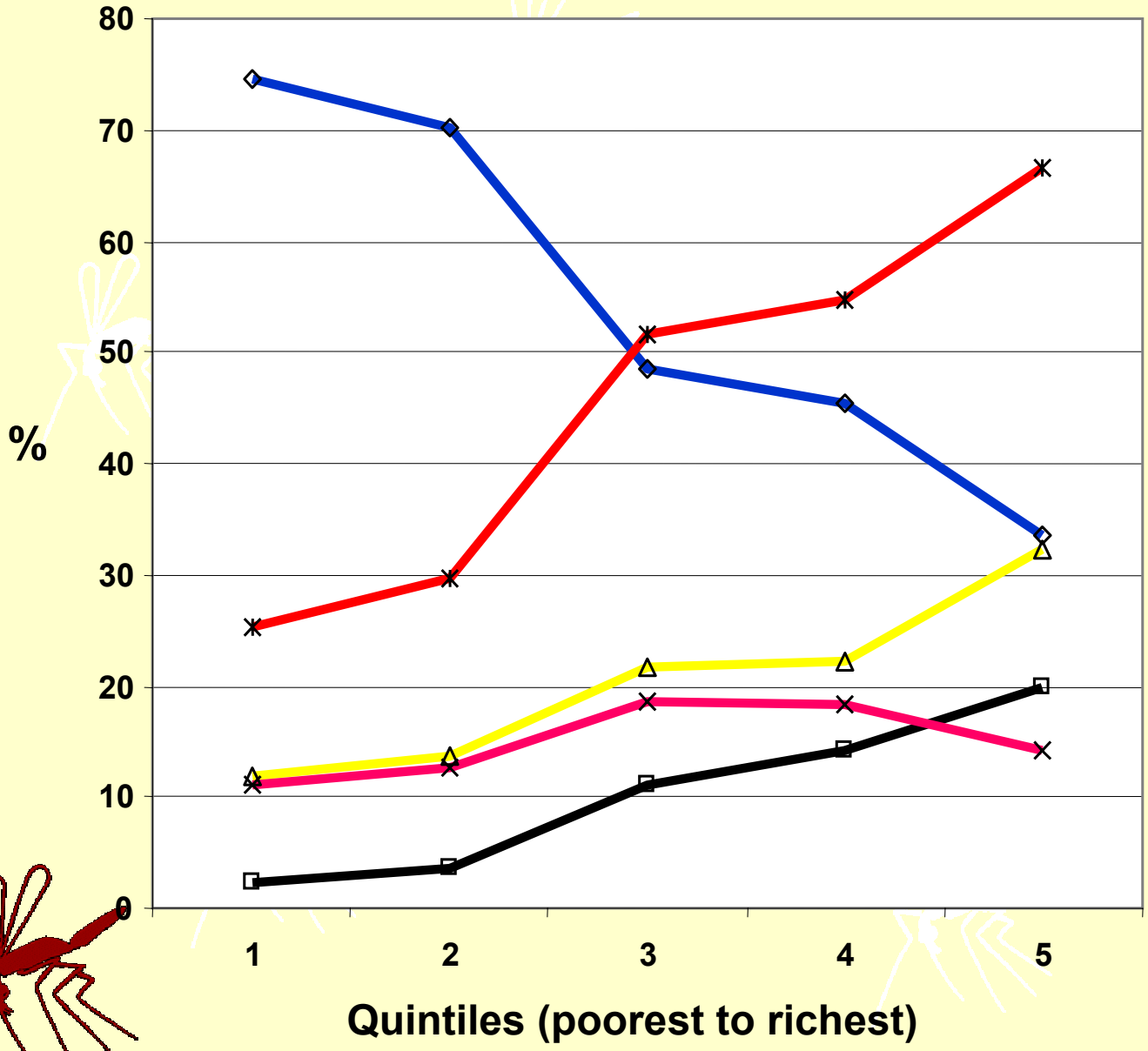
Adapted from Gwatkin and Guillot, "The Burden of Disease Among the Global Poor", Global Forum for Health Research

Malaria and Equity Research

- Few studies to date. Rarely designed to answer the question.
- Different methodologies and measures of poverty.
- Mostly retrospective analyses of Demographic and Health Survey (DHS) data.
- Studies are descriptive. Almost no information underlying factors.

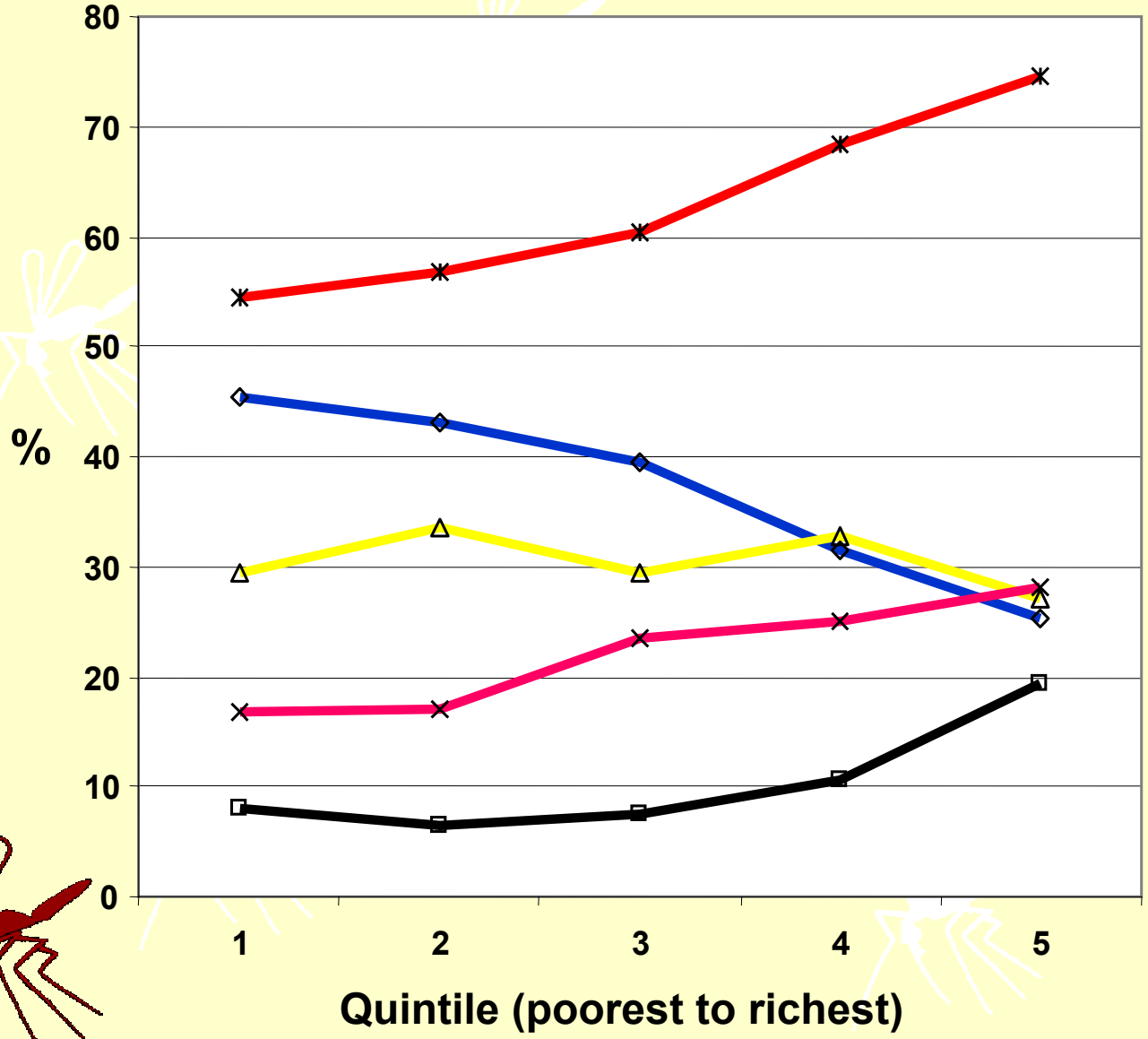


Choice of Treatment Option by Socioeconomic Quintile, West and Central Africa



Adapted from Filmer, in press, by Worrall and Basu

Choice of Treatment Option by Socioeconomic Quintile, East and Southern Africa



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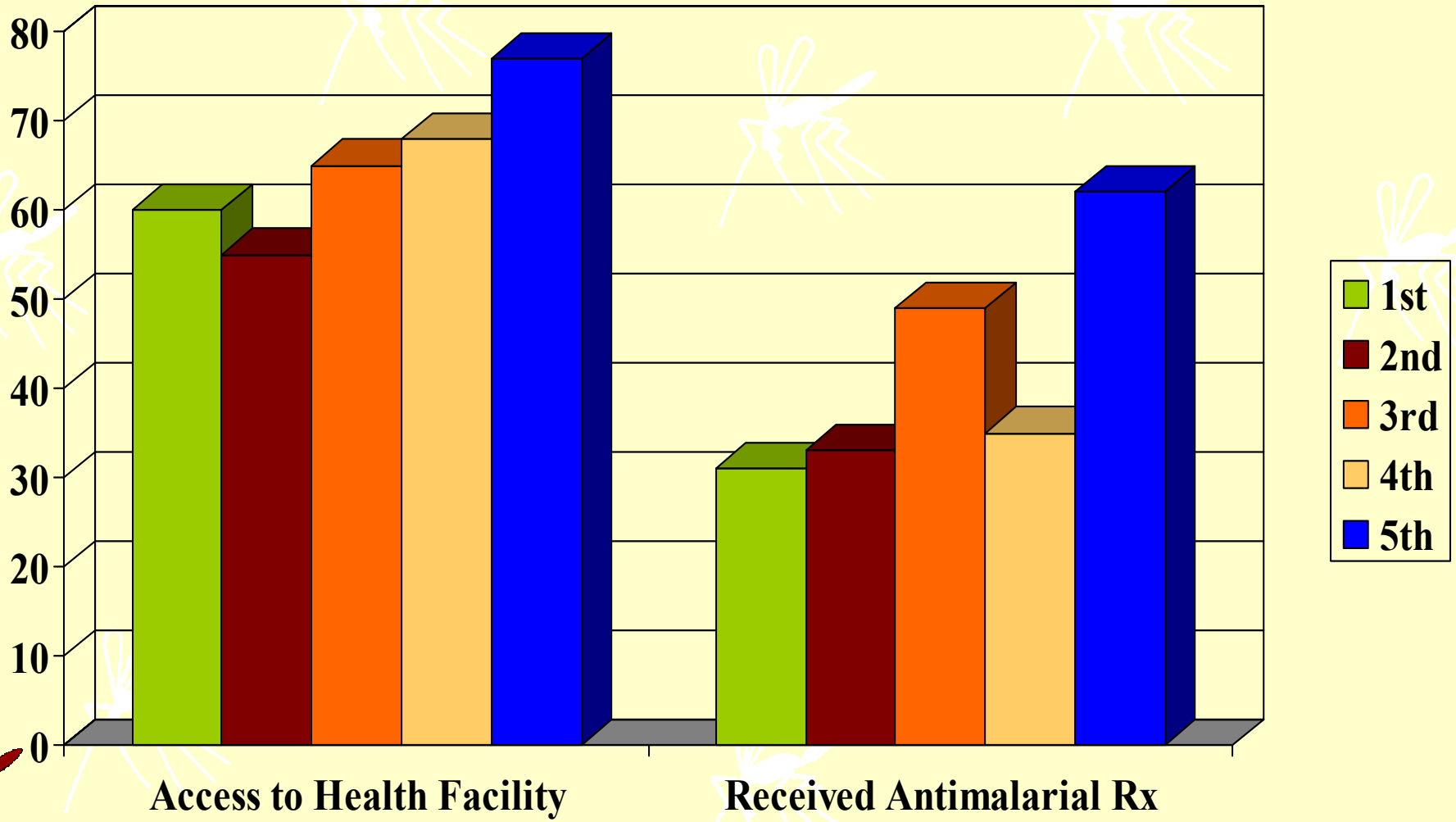
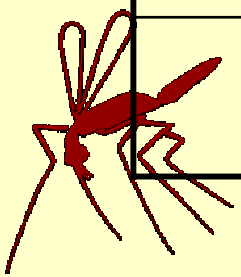
Access and Treatment of Fever among Children <5 Years in Southern Tanzania



Adapted from JA Schelleberg, et al, Lancet, in press.

Bednet Ownership, Malawi DHS, 2000

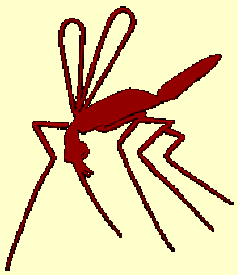
	% households with at least one net	% with at least one colored net
Residence		
Urban	32.0	16.7
Rural	10.1	3.6
Radio Ownership		
Yes	19.6	8.3
No	5.2	1.7



Adapted from Ndawala, Kalanda, and Mahy

Conclusions

- If we are to achieve the goals of RBM, we must ensure that the poorest benefit from malaria control interventions.
- Dimensions beyond SES must be examined, including gender, culture, and ethnicity.
- Opportunities for further research exist.
  - DHS and MICS data
  - In-Depth Network Sites
  - M&E of current interventions
  - Stand-alone studies (particularly to examine underlying social and cultural factors)



Key Issues for Further Study

- Which method is most effective for scaling up ITN use in the poorest/most marginalized?
  - Public sector distribution?
  - Social marketing?
  - Commercial sector marketing, +/- vouchers?
- How can access and compliance with highly effective treatment to the poorest be improved?
  - Expansion of public sector facility base?
  - Community health worker/volunteers?
  - Improving quality of private sector provision?
- Is delivery of IPT through ANC visits reaching the most vulnerable population?